

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.	FILING DATE			
							APPLICANT'S				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	NO.	DEF.	NO.	DEF.	NO.	DEF.				NO.	DEF.
1							61				
2							62				
3							63				
4							64				
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39							99				
40							100				
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45											
46											
47											
48											
49											
50											
TOTAL NO.	3						TOTAL NO.				
TOTAL DEF.	33						TOTAL DEF.				
TOTAL	36						TOTAL				